



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Randall Hampton Date of Request: 7-30-04
 ID # 226420 Date of Birth: 11-15-83 Location: 11-14
 Nature of problem or request: My legs gave out on me

Signature

DO NOT WRITE BELOW THIS LINE

Date: 7-30-04
 Time: 0520 AM PM
 Allergies: NKA

<p>RECEIVED</p> <p>Date: <u>7/30/04</u></p> <p>Time: <u>0520</u></p> <p>Receiving Nurse Initials <u>KW</u></p>
--

(S)ubjective: "My leg gave out on me."

(O)bjective wt. 154, Ambulated - difficulty, B/P 160/70
 T 97.8 P 70 R 18

(A)ssessment: Att. in conf

(P)lan: Follow up to MD

Refer to: ☒ MD/PA ☐ Mental Health ☐ Dental ☐ Daily Treatment ☐ Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ☐

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

K Williams Jr

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Hampton Randall Date of Request: 6-22-04
 ID # 226420 Date of Birth: 10-15-80 Location: Seg.
 Nature of problem or request: I have a rash on arm, Back
legs, starting to drain.

Randall Hampton / R. Anderson
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 6/22/04
 Time: 530 AM PM
 Allergies: NKDA

<p>RECEIVED</p> <p>Date: <u>6-22-04</u></p> <p>Time: <u>530</u></p> <p>Receiving Nurse Initials <u>HA</u></p>

(S)ubjective:

(O)bjective Inmate was seen in Seg. noted to have Area to arm, Back & Thigh.

(A)ssessment:

(P)lan: See MD in Am @ 730

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

R. Anderson Jr

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

IN SYSTEM TRANSFER FORM

TUS

CF

10/03

055 AM PM

ies: NICDA

rent Acute Conditions/Problems: \emptyset

Chronic Conditions/ Problems: Seizures Antisocial Personality Disorder

Current Medications - Name, Dosage, Frequency, Duration:

Acute Short-term Medications: \emptyset

Chronic Long-term Medications: Phenytoin & Tegretol

Chronic Psychotropic Medications: \emptyset Current Treatments: \emptyset

Follow-up Care Needed:

Last PPD: 12/20/02 Results \emptyset mms

Last Physical: 12/20/02

Chronic Clinics: SZ

Specialty Referrals:

Significant Medical History:

Physical Disabilities/Limitations: \emptyset Assistive Devices/Prosthetics: \emptyset

Glasses:

Contacts:

Mental Health History/Concerns:

Substance Abuse: \emptyset / NAlcohol: \emptyset / NDrugs: \emptyset / NHx Suicide Attempt: Date: \emptyset / \emptyset / \emptyset

Hx Psychotropic Medication

Previous Psychiatric Hospitalizations

Signature and Title

Date:

9/10/03

TRANSFER RECEPTION SCREENING

Date: 9/11/03 Time: 1800 AM \emptyset PM

S: Current Complaint: None

Current Medications/Treatment:

See Mar

O: Physical Appearance/Behavior: A, O/S

Deformities: Acute/Chronic: None

T 97 P 82 R 18 B/P \emptyset / \emptyset

A: New intake

Receiving Facility:

Bullock

P: Disposition: (Instructions: Check or circle as appropriate)

WT
150

- ☒ Routine, Sick Call
☐ Instructions Given
☐ Emergency Referral
☐ HIV/TB Instruction Given
☐ Physician Referral:
☐ Urgent / Routine
☐ Medication Evaluation
☐ Work/Program Limitation
☐ Special Housing
☐ Specialty Referrals
☒ Chronic Clinics Seizures
☐ Mental Health
☐ OTHER
☐ Infirmary Placement

Other:

Signature and Title

INTRASYSTEM TRANSFER FORM

ALTH STATUS

insferring
acity:

Bullock

Name:

Hampton, Randall

Number:

226920

Race: ☒ B ☐ W ☐ H ☐ Other

Age:

Date of Birth: 10/15/83

Sex: M F

Date: 9/14/03

Time: 1143 AM PM

Allergies: N/A

Food Handler Approved: Y / N

Current Acute Conditions/Problems:

Acting out, self injurious behavior

Chronic Conditions/ Problems:

Schizoaffective Dis. - Seizure Dis 2° Head Injury
Closed Head Injury 1995

Current Medications - Name, Dosage, Frequency, Duration:

Acute Short-term Medications: Amitriptyline 150mg @ H-S.

Has been on Haldol 10mg T.M. & Risperidone 4mg T.M. for psychotic behavior

Chronic Long-term Medications:

Phenobarbital 648mg B.I.D. Carbamazepine 400mg B.I.D.

Chronic Psychotropic Medications:

Has been tried on several

Current Treatments:

Seclusion - medicate per orders

Follow-up Care Needed:

Stabilization & treatment

Last PPD:

date 10/10/03

Results

Neg mms

Last Physical:

12/20/03

Chronic Clinics:

None

Specialty Referrals:

Significant Medical History:

Closed Head injury, Seizure Dis.

Physical Disabilities/Limitations:

Seizure Dis

Assistive Devices/Prosthetics:

none

Glasses:

ND

Contacts:

Mental Health History/Concerns:

Substance Abuse: Y ☒ N

Alcohol: Y / N

Drugs: Y ☒ N

Hx Suicide Attempt: Date: 9/2/03

Hx Psychotropic Medication

Previous Psychiatric Hospitalizations

Signature and Title

M. Christy

Date: 09/14/2003

TRANSFER RECEPTION SCREENING

Date: 8/04/03

Time: 0235 AM PM

S: Current Complaint:

Seizure

Current Medications/Treatment:

Tegretol - 400mg BID

Phenobarbital - 60mg @ 4A + 5pm

O: Physical Appearance/Behavior:

Fair, Good Behavior @ present time

Deformities: Acute/Chronic:

N/A

T 98.8 P 78 R 20 B/P 132/68

A: Cooperative B/M & Altered 4/6
RT Mental StatusReceiving
Facility:

P: Disposition: (Instructions: Check or circle as appropriate)

Routine, Sick Call

Instructions Given

Emergency Referral

HIV/TB Instruction Given

Physician Referral:

Urgent / Routine

Medication Evaluation

Work/Program Limitation

☒ Special Housing

Specialty Referrals

Chronic Clinics

Mental Health

OTHER

Infirmary Placement

Other:

E. Walters

Signature and Title

Health Services Request Form

Patient Name Randell Hampton Date of Request 5/12/02
 AIS No. 226420 Date of Birth Oct, 19 83 Housing Loc 5-2
 Nature of problem or request My Leg (left) has been real weak and giving me problems. I also have Fluid in my Right Elbow that needs to be looked at and I want to talk to the Doctor about it.

Sign here for consent to be treated by health staff for the condition described above. Randell Hampton

Place this slip in Medical Box or designated area

DO NOT WRITE BELOW THIS LINE

Health Care Documentation

Subjective "I have weakness in my legs"

Objective: BP 122/74 P 114 R 20 Sat 99% WT 160#
O2 Sat - 99% T 97.8

Assessment:

Alteration in comfort

Plan:

See MD in AM

Refer to:

PA/Physician

Mental Health

Dental

Education:

Return in AM to sick call

Protocol used (specify)

Signature Ngallert, RN Title RN Time 0045 Date 3-13-03



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: RANDALL HAMPTON Date of Request: 03/18/04
 ID # 226420 Date of Birth: 10/15/83 Location: 11-8
 Nature of problem or request: I got BAD cuts on
Both legs all over me please Help
Quick, I need Help Bleeding too.
my leg keeps giving out.

Randall Hampton
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

<p align="center">RECEIVED</p> <p>Date: _____</p> <p>Time: _____</p> <p>Receiving Nurse Initials _____</p>

(S)ubjective:

(O)bjective

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

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SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
6/24/04 18 ²⁰	Inmate in sec. acting out, tied a noose in his cell stated "I'm not going to hurt myself. I'm going to kill Billy he keeps messing with me. I keep seeing them claps looking @ me". Inmate ambulating about cell talking loud & hallucinating. Called Dr. Sanders informed him of some received order. Give 40 mg quetiapine I.M. Inmate received 40 mg quetiapine I.M. In light glutens maximums. Mary Scott pr

SINGULAIR
(MONTELUKAST SODIUM)

6/25/04

Sej



INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Hampton, Randall	226420	10-15-83	B M	BCCF

60111 (5/85)

226420

10-15-83

NKA

PHSPRISON
HEALTH
SERVICES
INCORPORATED**PROGRESS NOTES****Date/Time****Inmate's Name:****D.O.B.:**

/ /

3/19/03
84

SG 2 Kicks to leg

SG 2 Kicks to leg
now working

All signs clear

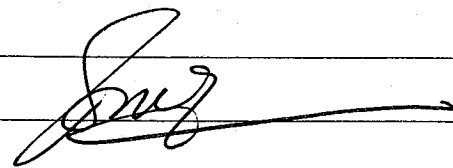
Will give Backus & Refsper X150 &
Aug 1st X 1 day3/28/03
84

SG 2 conf

SG 2 URN

mud Confref
mudref

Will 5. Aug 1st (1 day) (1 day)



IAPH CARE
NURSE'S NOTES

Inmate lying on floor & jerking move-
ment. He was assisted to @ side
by Officers Munro. Resuscitation of
some of his meal noted. His head was
supported. Activity lasted approx.
1 hr. ———— rHardy, 10/1

9:50 AM AAOX3. Inmate moaning, groaning, &
holding frontal part of head. He
stated he hit his head on the
file cabinet in front of the stretcher.
Ibuuprofen 800mg adm. Cold compress
applied to head. ———— rHardy, 10/1

10:10 AM Inmate released to DOC. ———— rHardy, 10/1

NAME- LAST	FIRST	MIDDLE	AMS#
Hampton,	Randall		326420



PHYSICIAN PROGRESS NOTES

Patient Name _____ I.D. # _____ Institution _____

DATE	TIME	NOTES	SIGNATURE
8/18/02	8M	<p>1) Gc getting weak & dizzy</p> <p>of mt Smc & two</p> <p>cus me very competent national</p> <p>hyps cell no water (70)</p> <p>stdo sdp no sunny for</p> <p>Ext - nl waiting (sit up, stand) - 70</p> <p>App will go (any) and do</p> <p>+grat / PR Broad Cal</p> <p>ER pr</p>	
10/15/02	8M	<p>5 Gc hang dizzy</p> <p>of mt Smc</p> <p>cus me</p> <p>hyps cell</p> <p>stdo sdp</p> <p>Ext - nl</p> <p>App will go (any) and do</p> <p>+grat / PR Broad Cal</p>	



NAPHCARE

PHYSICIAN'S PROGRESS NOTES

DATE TIME

NOTES MUST BE SIGNED BY PHYSICIAN

8/15/03

8:00

S go home today for work

On Monday he felt tired and was
sleeping in bed.

He had no
appetite and was
not sleeping.
He was
tired.

At 8:00 PM

He was in bed and was
tired and was not
sleeping.

[Signature]

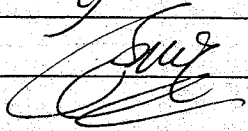
NAME- LAST

FIRST

MIDDLE

AIS #

PHYSICIAN'S PROGRESS NOTES

DATE	TIME	NOTES MUST BE SIGNED BY PHYSICIAN
6/10/03	8:00	590 Bups to Shoulder d) one dress of Formalin & cellulose Ap well 2. Key info for 100g
		

22647

NAPHCARE
PHYSICIAN'S PROGRESS NOTES

NOTES MUST BE SIGNED BY PHYSICIAN

4/22/03
SM

S) Rt. fractured metacarpal was
in cast, but all
I removed the cast -
yesterday Hanson

OK Smed
as in
Jays cell
Ando SD
excl

Rt. fractured metacarpal
P. will now work & the Smiths
E.B. M. 20 Jan

5/13/03
SM

S needs change the
time of med
of Smed

app will check the time

NAME- LAST

FIRST

MIDDLE

AIS #

NOTES MUST BE SIGNED BY PHYSICIAN

DATE TIME

3/13/03
8:17S/Pt to change his leg gear in
where he stands.

7) mlt Spul
Both legs seen, appeared
good muscle strength.
- 270° view equal
standing all right.
Old 42° (wood injury)
no cretars noted.
No Baller Pain

A: legs anelars

P will do 1 R of c-spool and 1 c-spool
and give no prolonged standup
spul

4/8/03
8:17S/Pt to superficial paraker
to sleep

7) 1 cu lambar to the sleep
no Brudeel
mild laceration, 8th right
3 to 4 inches

A: laceration to sleep

P will 8th his laceration & make
8th

NAME- LAST

FIRST

MIDDLE

AIS #

Rander, Humphreys

226420

MEDICATION ADMINISTRATION RECORD

07/01/2005

(BUL-465) BULLOCK CORRECTIONAL FAC

DT01

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
PHENOBARBITAL 60MG TAB TAKE 1 TABLET(S) BY MOUTH TWICE DAILY	0400 1100																																
RX: 7201463 SIDDIQ, M.D., TAHIR, MD START - 04/06/2005 STOP - 10/02/2005	0400 1100																																
CARBAMAZEPINE (TEBRETOL-CHEW) 100MG TAB TAKE 3 TABLET(S) BY MOUTH (300MG) 3 TIMES DAILY	0400 1100 1700																																
RX: 7513362 SIDDIQ, M.D., TAHIR, MD START - 06/07/2005 STOP - 09/14/2005	0400 1100 1700																																
4tenol ES 5 tabs PO TID x100lbs PRN 7/13 → 7/23/05	0400 1100 1700																																

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31																	
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																																																	
HARTING FOR		07/01/2005										THROUGH																				07/31/2005																	
Physician		SIDDIQ, M.D., TAHIR										Telephone No										Medical Record No.																											
Alt Physician												Alt Telephone																																					
Allergies		NONE KNOWN										Rehabilitative Potential																																					
Diagnosis																																																	
Medical Number										Medicare Number										Complete Entries Checked:																													
By:										Title:										Date:																													
PATIENT										PATIENT CODE										ROOM NO										BED										FACILITY CODE									
HAMPTON, RANDALL										226420										RTU										BUL-465																			

EDICATION ADMINISTRATION RECORD

07/01/2005

(BUL-465) BULLOCK CORRECTIONAL FAC

DT01

EDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
PHENOBARBITAL 50MG TAB TAKE 1 TABLET(S) BY MOUTH TWICE DAILY	0400 PHS Black 1700	[Handwritten notes and markings across the grid]																														
RX: 7201463 SIDDIQ, M.D., TAHIR, MD START - 04/06/2005 STOP - 10/02/2005																																
CARBAMAZEPINE (TEGRETOL-CHEW) 100MG TAB TAKE 3 TABLET(S) BY MOUTH (300MG) 3 TIMES DAILY	0400 PHS 1100 1700	[Handwritten notes and markings across the grid]																														
RX: 7515362 SIDDIQ, M.D., TAHIR, MD START - 06/07/2005 STOP - 09/14/2005																																
pplly Permethrin 0.5% Cream to body leave on 10-12 hrs then shower repeat in 14 days Adv. p 800y 6/22/05	0800	[Handwritten notes and markings across the grid]																														
7-2mg 4-12mg phenol 650mg PO TID X1000ys 1/3 → 7/23/05	0400 1100 1700	[Handwritten notes and markings across the grid]																														

EDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																																
ARTING FOR 07/01/2005 THROUGH 07/31/2005																																
Physician SIDDIQ, M.D., TAHIR																Telephone No								Medical Record No								
Physician																Alt Telephone																
argies NONE KNOWN																Rehabilitative Potential																
agnosis																																
ed card Number								Medicare Number								Complete Entries Checked:																
TIENT								By: [Signature]								Title: [Signature]								Date: 6/29/05								
HAMPTON, RANDALL																PATIENT CODE 226420				ROOM NO RTU				BED				FACILITY CODE BUL-465				

EDICATION ADMINISTRATION RECORD

06/01/2005

(BUL-465) BULLOCK CORRECTIONAL FAC

DT01

EDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
CARBAMAZEPINE (TEGRETOL-CHEW) 100MG TAB																																
TAKE 3 TABLET(S) BY MOUTH (=300MG) 3 TIMES DAILY	0400	AB	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS
RX: 6983879 SIDDIO, M.D., TAHIR, MD	1100	AB	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS
START - 02/19/2005 STOP - 06/14/2005	1700	AB	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS
PHENOBARBITAL 60MG TAB																																
TAKE 1 TABLET(S) BY MOUTH TWICE DAILY	0400	AB	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS
RX: 7201463 SIDDIO, M.D., TAHIR, MD	1700	AB	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS
START - 04/06/2005 STOP - 10/02/2005																																
2egretol Chew 100mg	0400																															
300mg p.o. tid x 100 days	1100																															
6-3-05 9-3-05	1700																															

EDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																																
STARTING FOR 06/01/2005 THROUGH 06/30/2005																																
Physician SIDDIO, M.D., TAHIR																Telephone No								Medical Record No								
Attending Physician																Alt. Telephone																
Allergies NONE KNOWN																Rehabilitative Potential																
Diagnosis																																
Medicaid Number																Medicare Number																
Complete Entries Checked:																By: L. Anderson																
Patient																Title: Jpa								Date: 5/30/05								
PATIENT CODE																ROOM NO								BED FACILITY CODE								
226420																RTU								BUL-465								

MEDICATION ADMINISTRATION CORD

(BUL-465) BULLOCK CORRECTIONAL FAC

01/2005

DATE	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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URBAMAZEPINE (TEGRETOL-CHEW) 100MG TAB

TAKE 3 TABLET(S) BY MOUTH (=300MG) 3 TIMES

DAILY

C: 6983879 SIDDIO, M.D., TAHIR, MD

START - 02/17/2005 STOP - 06/14/2005

PHENOBARBITAL 60MG TAB

TAKE 1 TABLET(S) BY MOUTH TWICE DAILY

X: 7201463 SIDDIO, M.D., TAHIR, MD

START - 04/06/2005 STOP - 10/02/2005

Tegretol 300mg po
tid x 190 days
6/13/05 to 9/13/05

DATE	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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DATE	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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DATE	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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DATE	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

START DATE	06/01/2005	THROUGH	06/30/2005
PATIENT NAME	SIDDIO, M.D., TAHIR	Telephone No.	Medical Record No.
DOB	NONE KNOWN	Alt Telephone	
REMARKS	Renabilitative Potential		

Complete Entries Checked:

By: Florence

Title: hpnj

Date: 5/27/05

PATIENT CODE

ROOM NO

BED FACILITY CODE

226420

RTU

BUL-465

HAMPTON, RANDALL

ICATION ADMINISTRATION REJRD

Apply Permethrin 0.5%
cream to body leave on
8 hr then Shower. Repeat 08x

6/22/05

CHARTING FOR <u>6/10/05</u> Physician <u>Dr. Sanders</u> Alt. Physician <u>Dr. Siddiq</u>		Telephone No. _____ Alt. Telephone _____ Rehabilitative Potential _____	Medical Record No. <u>226420</u>
---	--	---	-------------------------------------

Diagnosis		Medicaid Number		Medicare Number	COMPLETE ENTRIES CHECKED BY: <u>Nichelle Smith</u>	Title: <u>LPN</u> PATIENT CODE: <u>226420</u>	ROOM NO.	Date: <u>6/22/08</u> BED: <u>BCCF</u> FACILITY CODE
PATIENT		<u>Hannah Randle</u>						